

## REGION V QUALITY IMPROVEMENT PLAN – May 2006

### Monitoring Priority: Early Intervention Services in Natural Environments

#### Indicator #1

**Measurement:** 100% of infants and toddlers with IFSPs will receive the early intervention services on their IFSPs within 2 weeks of the start date indicated on their signed IFSP.

#### Review of Data:

98% state wide

No regional data

#### Description of Concerns:

Direct therapy providers not available in rural areas

Parents can get reimbursed mileage to go to direct therapist, but direct therapist cannot get paid mileage to go to the child.

Hearing screenings not viable in homes, reports come months later, most with untestable results

#### Overview of Plan to Address Concern:

The plan addresses the above stated concerns by:

<b>ACTION STEPS:</b>	<b>RESOURCES:</b>	<b>TIMELINE:</b>
Obtain refined data to track timely initiation and frequency of service delivery	Part C Coordinator	7-1-06
Obtain policy defining timely delivery of waiver funded early intervention services, continued frequency and documentation of need for non-waiver funded early intervention services.	Part C Coordinator	7-1-06
Work with staff from NDSD and audiologists to increase the availability of timely and viable hearing screenings.	NDSD, Infant Development	7-1-07
Analyze data to identify discipline specific county issues and make recommendations to lead agency.	Infant Development, DDCM, Part C Coordinator	7-1-07

**Indicator # 2**

**Measurement:** 96.5% of infants and toddlers with IFSPs will primarily receive early intervention services in their home or programs for typically developing children.

**Review of Data:**

100% of infants and toddlers with IFSPS receive Infant Development services in their home or programs for typically developing children.

Unknown: how many infants and toddlers with IFSPS receive direct therapy services in their home or programs for typically developing children.

**Description of Concerns:**

Doctors refer to internal therapists that provide clinic-based therapy and parents do not want to go against doctor's recommendation.

MA caps on therapy can interfere with service delivery

Therapy providers are from private agencies that can make service coordination and compliance challenging at times.

Parents and professionals alike believe that children need direct therapy in addition to routines based intervention and transdisciplinary coaching model and family centered services

Infant Development staff continue to need training in writing and implementing IFSPs using routines based intervention and transdisciplinary coaching model.

**Overview of Plan to Address Concern:**

The plan addresses the above stated concerns by:

<b>ACTION STEPS</b>	<b>Timelines</b>	<b>Resources</b>
1. Continue technical assistance and training for Infant Development staff and DDCM regarding implementation of routines based intervention and transdisciplinary coaching model.	Ongoing	Part C Coordinator, Technical Assistance and Training Project
2. Obtain analysis of December 1 data to determine factors effecting situations in which infants and toddlers did not receive early intervention services in their home or programs for typically developing children and development of recommendations to increase the number of children supported in natural learning environments.	07-01-2006	Part C Coordinator, NDICC sub-committee and Infant Development and DDCM staff
3. Modify Action Steps based on recommendations to support additional infants and toddlers in their homes or settings with typically developing peers.	02-01-2007	Part C Coordinator Regional Infant Development and DDCM staff
4. Obtain and distribute information for families and referral sources regarding benefits of routines based intervention and transdisciplinary coaching model.	07-01-2007	Part C Coordinator, RICC, ID, DDCM

**Indicator 3: To be determined after state guidelines developed**

*Percent of infants and toddlers with IFSPs who demonstrate improved:*

*Positive social-emotional skills (including social relationships);*

*Acquisition and use of knowledge and skills (including early language/ communication); and*

*Use of appropriate behaviors to meet their needs.*

**Measurement:**

*Positive social-emotional skills (including social relationships):*

*Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers*

*Percent of infants and toddlers who improve functioning*

*Percent of infants and toddlers who did not improve functioning*

*Acquisition and use of knowledge and skills (including early language/communication):*

*Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers*

*Percent of infants and toddlers who improved functioning*

*Percent of infants and toddlers who did not improve functioning*

*Use of appropriate behaviors to meet their needs:*

*Percent of infants and toddlers who reach or maintain functioning at a level comparable to same-aged peers* *Percent of infants and toddlers who improved functioning*

*Percent of infants and toddlers who did not improve*

**Indicator 4: To be determined after state guidelines developed**

*Percent of families participating in Part C who report that early intervention services have helped the family:*

*Know their rights;*

*Effectively communicate their children's needs; and*

*Help their children develop and learn.*

**Measurement:**

*Percent of respondent families participating in Part C who report that early intervention services have helped the family know their rights*

*Percent of respondent families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs*

*Percent of respondent families participating in Part C who report that early intervention services have helped the family help their children develop and learn*

## **Monitoring Priority: Effective General Supervision Part C / Child Find**

### **Indicator 5:**

#### **Measurement:**

1.8 percent of the total population of infants birth to 1 residing in Region V will be identified and found eligible for early intervention services and have an IFSP

#### **Review of Data:**

Current data not available

#### **Description of Concerns:**

Staff turnover with referral sources

Referral sources not always aware of eligibility criteria

#### **Overview of Plan to Address Concern:**

The plan addresses the above stated concerns by:

<b>ACTION STEPS</b>	<b>Timelines</b>	<b>Resources</b>
1. Continue referral source training and PR activities	Ongoing	Right Track, Infant Development, DDCM, DDPA

## **Monitoring Priority: Effective General Supervision Part C / Child Find**

### **Indicator 6:**

**Measurement:** 3 percent of the total population of infants and toddlers birth to 3 residing in Region V will be identified and found eligible for early intervention services and have an IFSP

#### **Review of Data:**

Current data not available

#### **Description of Concerns:**

Staff turnover with referral sources

Referral sources not always aware of eligibility criteria

**Overview of Plan to Address Concern:**

The plan addresses the above stated concerns by:

ACTION STEPS	Timelines	Resources
1. Continue referral source training and PR activities	Ongoing	Right Track, Infant Development, DDCM, DDPA

**Indicator 7:**

**Measurement:** 100% of eligible infants and toddlers will have evaluations, assessments and an initial IFSP meeting conducted within 45 days of referral. Account for untimely evaluations.

**Review of Data:**

Current data not available

**Description of Concern:**

Family cancellations/no shows

Infant Development staff full schedules

**Overview of Plan to Address Concern:**

The plan addresses the above stated concerns by:

ACTION STEPS	Timelines	Resources
1. Continue technical assistance and training regarding family assessments, evaluations, assessments and IFSP development to assist staff in completing high quality products in a timely manner.	Ongoing	ND TA&T,
2. Obtain data to analyze reasons why 45-day timeline may not be met.	July 2006	Part C Coordinator
3. Review data entry issues with Infant Development staff and DDCM and implement streamlining where possible.	December 2006	Infant Development Coordinator, DDPA
4. Analyze data regarding untimely completion of initial IFSPs and modify Action Steps to address identified issues.	December 2006	Infant Development Coordinator, DDPA
5. Develop system of letters and reminder calls	December 2006	Infant Development Coordinator and support staff
6. Infant Development and DDCM meet monthly to assure communication and implementation of recommendations	December 2006	DDCM, Infant Development staff

## **Monitoring Priority: Effective General Supervision Part C / Effective Transition**

### **Indicator 8:**

**Measurement:** 100 percent of children exiting Part C will have an IFSP with transition steps and services. The appropriate LEA will be notified for 100 percent of the children exiting Part C who are potentially eligible for Part B. 100 percent of children exiting Part C and potentially eligible for Part B will have a transition conference 90 days before their 3<sup>rd</sup> birthday.

### **Review of Data:**

Current data not available.

### **Description of Concern:**

Challenging to keep track of all the transition meetings and collect data

School staff unavailable during summer

Transition IFSP outcomes – appropriate wording is still unclear

### **Overview of Plan to Address Concern:**

The plan addresses the above stated concerns by:

	<b>Timelines</b>	<b>Resources</b>
1. Develop system to track transitions to Part B	December 2006	SpEd directors, DDCM, Infant Development
2. Training specific to transition issues on IFSPs	December 2006	ND TA&T
3. Obtain Finalize Joint Transition Guidelines and provide training to staff	July 2007	Part C Coordinator, ND TA&T
4. Train staff from Head Start programs, Family Support organizations, advocacy agencies and higher education regarding Transition Guidelines	July 2007	Part C Coordinator, ND TA&T

**Indicator 9:** General supervision system (including monitoring, complaints, hearings, etc.) identifies and corrects noncompliance as soon as possible but in no case later than one year from identification.

### **Measurement:**

A. 100 percent of all findings of non-compliance related to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.

B. 100 percent of all findings of non-compliance in addition to monitoring priority areas will be corrected as soon as possible but in no case later than 1 year from identification.

C. 100 percent of all findings of non-compliance related to complaint resolution actions will be corrected as soon as possible but in no case later than 1 year from identification.

**Review of Data:**

Current data not available

**Overview of Plan to Address Concern:**

The plan addresses the above stated concerns by:

	<b>Timelines</b>	<b>Resources</b>
1. Obtain data collection from Part C Compliance Checklist	July 2007	Part C Coordinator
2. Obtain an average program ratio of 1 to 11 for Infant Development	December 2006	Infant Development, Part C Coordinator
3. Obtain an average ratio of 1 to 45 for Service Coordinators working with infants and toddlers.	December 2006	Infant Development, Part C Coordinator
4. Obtain training on new Part C Regulations and roles and responsibilities to monitor North Dakota early intervention system	July 2007	Part C Coordinator, ND TA&T

**Indicator 10:** Percent of signed written complaints with reports issued that were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

100 percent of signed written complaints with reports issued were resolved within 60-day timeline or a timeline extended for exceptional circumstances with respect to a particular complaint.

**Indicator 11:** Percent of fully adjudicated due process hearing requests that were fully adjudicated within the applicable timeline.

**Indicator 12:** Percent of hearing requests that went to resolution sessions that were resolved through resolution session settlement agreements (applicable if Part B due process procedures are adopted).

**Indicator 13:** Percent of mediations held that resulted in mediation agreements.

**Review of Data:**

No complaints filed

**Description of Concern:**

None at this time